

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1942
233

Registration District No. _____ Primary Registration District No. 3027

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
761
760

1. PLACE OF DEATH:
(a) County macon
(b) City or town macon city
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME Clarence Spencer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced M-1
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 20 1873 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 11 hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John T. Spencer

13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Nancy Carpenter

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence Spencer

(b) Address macon mo

17. (a) burial (b) Date thereof Mar 4-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmer Cem

18. (a) Signature of funeral director Albert S. Ginner

(b) Address macon mo

19. (a) 3/10/42 (b) Gora B. Hunkler (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County macon 061
(c) City or town macon 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar 1 day year 1942 hour 10 minute P M.
21. I hereby certify that I attended the deceased from 1938 to Mar. 1 1942 that I last saw him in alive on Feb 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Sudden
Due to Coronary arteriosclerosis 8 yrs +
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 94a
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Turner (M. D. or other) D
Address macon mo Date signed 3-6-42

RECEIVED

District Health Officer No. 10

District File Number 4-10-865764

Date Filed APR 14 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macou, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.